

**PAGE 2 OF U.S.A. DECLARATION FORM**  
**(Discard this page in a sole inventor application)**

|    |  |  |                   |             |
|----|--|--|-------------------|-------------|
| 3  | Typewritten Full Name of<br>Second Joint Inventor (if any)                     | Hisayuki   |                   | KAWAMURA    |
|    |  | Given Name   | Middle Initial    | Family Name |
| *4 | Inventor's Signature   | <i>Hisayuki Kawamura</i>                             |                   |             |
| 5  | Date of Signature  | <i>November, 30, 2000</i>                            |                   |             |
|    |  | Month  | Day               | Year        |
| 6  | Residence  | Sodegaura-shi, Chiba,                                |                   | Japan       |
|    |  | City   | State or Province | Country     |
| 7  | Citizenship  | Japanese   |                   |             |
| 8  | Post Office Address<br>(Insert complete mailing<br>address, including country) | 1280, Kamiizumi, Sodegaura-shi, Chiba 299-0293 Japan |                   |             |
| 3  | Typewritten Full Name of<br>Third Joint Inventor (if any)                      | Hiroaki  |                   | NAKAMURA    |
|    |  | Given Name   | Middle Initial    | Family Name |
| *4 | Inventor's Signature   | <i>Hiroaki Nakamura</i>                              |                   |             |
| 5  | Date of Signature  | <i>November, 29, 2000</i>                            |                   |             |
|    |  | Month  | Day               | Year        |
| 6  | Residence  | Sodegaura-shi, Chiba,                                |                   | Japan       |
|    |  | City   | State or Province | Country     |
| 7  | Citizenship  | Japanese   |                   |             |
| 8  | Post Office Address<br>(Insert complete mailing<br>address, including country) | 1280, Kamiizumi, Sodegaura-shi, Chiba 299-0293 Japan |                   |             |
| 3  | Typewritten Full Name of<br>Fourth Joint Inventor (if any)                     |  |                   |             |
|    |  | Given Name   | Middle Initial    | Family Name |
| *4 | Inventor's Signature   |  |                   |             |
| 5  | Date of Signature  |  |                   |             |
|    |  | Month  | Day               | Year        |
| 6  | Residence  |  |                   |             |
|    |  | City   | State or Province | Country     |
| 7  | Citizenship  |  |                   |             |
| 8  | Post Office Address<br>(Insert complete mailing<br>address, including country) |  |                   |             |
| 3  | Typewritten Full Name of<br>Fifth Joint Inventor (if any)                      |  |                   |             |
|    |  | Given Name   | Middle Initial    | Family Name |
| *4 | Inventor's Signature   |  |                   |             |
| 5  | Date of Signature  |  |                   |             |
|    |  | Month  | Day               | Year        |
| 6  | Residence  |  |                   |             |
|    |  | City   | State or Province | Country     |
| 7  | Citizenship  |  |                   |             |
| 8  | Post Office Address<br>(Insert complete mailing<br>address, including country) |  |                   |             |

\*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

\*\*This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.